

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12434

Reg. Dist. No. 116

1. PLACE OF DEATH:  
County Dorchester  
City or town Woolford  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Woolford  
How long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Woolford  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Woolford  
(If rural, give LOCATION)  
2.(a) If veteran, name war - - -

3. (a) FULL NAME  
CHARLES LANE ASPLEN

3. (b) Social Security Number  
-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Bertie Neild

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1870

8. AGE: Years 78 Months 9 Days 24 If less than one day  
hrs. min.

9. Birthplace Woolford, Dorchester Co., Md.  
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business II

12. Name William Asplen

13. Birthplace Maryland

14. Maiden name Charlotte "Asplen"

15. Birthplace Maryland

16. Informant Mr Cleland Brooks

Address Cambridge, Maryland

17. Burial Date thereof Dec. 7, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Trinity Church Cemetery

Location Church Creek, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12-8- 19 48 John Tracey  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1948 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 1947 to December 5, 1948 and that I last saw him alive on 12-4 19 48

Immediate cause of death Coronary Occlusion DURATION 2 days

Due to Arteriosclerotic Heart Disease Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence M.D. or other

Address 36 Race St. Cambridge, Md. Date signed 12-7-48

MARGIN RESERVED FOR BINDING

I

9-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 10 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12435

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Susan Cornish

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6.(a) Single, married, widowed, or divorced

Widow6.(b) Name of husband or wife Alex Cornish6.(c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) August 6, 18848. AGE: Years Months Days If less than one day  
64 4 10 hrs. min.9. Birthplace Hurlock, Md. Dorchester  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business none12. Name Stanley Jenkins13. Birthplace Maryland14. Maiden name Lena Cephas15. Birthplace Hurlock16. Informant Viola WilsonAddress Cambridge, Maryland17. Burial Date thereof Dec. 16, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory BethelLocation Cambridge, Maryland18. Funeral director Lewis BayneumAddress Cambridge, Maryland19. Jan 7, 1949 John Mace, Jr. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 19 48 at \_\_\_\_\_ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec. 11 19 48 to Dec 13 19 48and that I last saw him alive on Dec. 13 19 48Immediate cause of death Congestive heart failure App. DURATION 1 Mo.Due to Arteriosclerotic heart disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

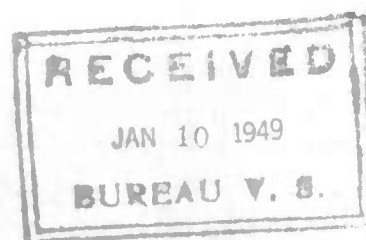
23. SIGNATURE J. Edwin Fusco M.D. or otherAddress 101 Main Cambridge Md Date signed 12-16-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JAN 10 1949

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

82

12436

Reg. Dist. No. 110

### 1. PLACE OF DEATH:

County Dorchester  
City or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 57 1/2 yrs  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For not born infants give residence of mother)  
State Maryland County Dorchester  
City or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Oscar W. Dickerson

### 3. (b) Social Security Number

217-01-3354 A

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Ethel Dickerson

7. Birth date of deceased (mo., day, yr.) Aug 7. 1872 6. (c) If alive, give age 76 years

8. AGE: Years 76 Months 4 Days 5 It less than one day hrs. min.

9. Birthplace Denton, Caroline Co. Md  
(Town, county, and state)

10. Usual occupation General laborer

11. Industry or business factory

12. Name Unknown

13. Birthplace

14. Maiden name Liza Jane Dickerson

15. Birthplace Denton Caroline Co. Md

16. Informant James Hopkins

Address Hurlock, Dor. Co. Md

17. Burial Date thereof Dec. 15 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Hurlock Dist. Hurlock, Md

18. Funeral director Herbert M. Bellair

Address Landbridge, Md.

19. Dec 14 19 48 Chas. W. Hastings Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1948 at 6:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 9 1948 to December 12 1948  
and that I last saw him alive on December 12 1948

Immediate cause of death Chronic myocardial degeneration 1 yr + DURATION

Due to General arteriosclerosis 10 yrs +

Due to

Other conditions Spastic paralysis 1 month

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wethermon MD M. D. or other

Address Hurlock Md. Date signed 12/14/48

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1948

BUREAU V. S.

Evidence for change of  
age and birthdate shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12437

FILM No. G 118 JAN 11 1949 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 1 yr. 8 mo. 20 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town Church Creek  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME

Josephine Emerson

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Charles L. Emerson  
Dead 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) March 17, 1888 1888

8. AGE: Years 60 Months 6 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Germany  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace II

14. Maiden name Unknown

15. Birthplace II

16. Informant Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof 12-17-48  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Eastern Shore State Hospital

Location Cambridge, Md.

18. Funeral director Kenneth R. Shuman

Address Cambridge, Md.

19. 12-18 1948 John Mace, Jr.  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1948 at 5:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22, 1947 to December 12, 1948  
and that I last saw him/her alive on December 11, 1948

Immediate cause of death \_\_\_\_\_

General Paresis DURATION unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Myocarditis

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Church Emerson M. D. or other \_\_\_\_\_

Address Cambridge, Maryland Date signed 12/12/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 20 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12438

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County DorchesterCity or town Secretary, Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3.5 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Secretary  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Robert Curtis Forbes

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Marion C Forbes

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) April 22, 18838. AGE: Years 65 Months 8 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Rome, Pennsylvania  
(Town, county, and state)10. Usual occupation Interior Decorator

11. Industry or business

12. Name Jagmes Curtis Forbes13. Birthplace Little Britain, N.Y.14. Maiden name Jessie Ruth Allen15. Birthplace Rome, Penna.16. Informant Marion C. ForbesAddress Secretary, Md.17. Burial Date thereof 12/28/48  
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory CemeteryLocation East New Market Md.18. Funeral director W. B. Melbaugh & Co.Address East New Market19. Dec. 27 19 48 Elizabeth O Smith  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 19 48 at 5:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 19 48 to Dec 25 19 48and that I last saw him alive on Dec. 24 19 48Immediate cause of death Cerebral Hemorrhage DURATION 1 wh.Due to arterio sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Lamorne Maryanov M. D. or other \_\_\_\_\_Address 136 Race St Date signed 12/27/48Cambridge, Md.

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12439

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 33yrs 7mos 6daysHospital, institution, or street address where death occurred:  
Eastern Shore State Hospital, Rural Cambridge  
MarylandHow long in hospital or institution? 33yrs 7mos 6days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Rural Princess Anne Route #1  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Arthur Gibbons

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single8.(b) Name of husband or wife. ////////////////////7. Birth date of deceased (mo., day, yr.) 7-6-1891  
6.(c) If alive, give age \_\_\_\_\_ years8. AGE: Years Months Days If less than one day  
57 5 18 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Somerset County, Maryland  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name William James Gibbons13. Birthplace Somerset County, Maryland14. Maiden name Martha Ann Dougherty15. Birthplace Fairmount, Somerset County, Maryland16. Informant Records of Eastern Shore State Hospital  
Address Rural Cambridge Maryland17. Burial Date thereof Dec. 26, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory State Hospital CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 12-28 1948 John MacC. J.M.  
(Date rec'd by registrar) Registrar

## 3.(b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 24th, 1948 19\_\_\_\_ at 12:30p21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 20th 1947 19\_\_\_\_ to Dec. 24th, 1948  
and that I last saw him alive on December 24th 1948Immediate cause of death \_\_\_\_\_  
Cirrhosis of the Liver (Not  
specified as alcoholic \_\_\_\_\_

DURATION

1 month

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Dementia Praecox (Schizophrenia)  
Terminal Dementia  
(Include pregnancy within 3 months of death)Major findings of operations \_\_\_\_\_  
Date of op. \_\_\_\_\_Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

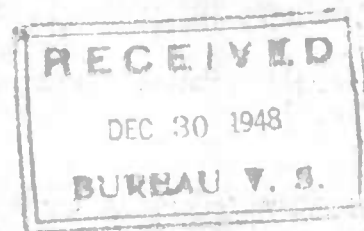
Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Robert Bertrand May, M.D.  
M. D. or other \_\_\_\_\_  
Address Cambridge, Maryland Date signed 12-24-48

1946-12-34  
57-5-18  
1891-7-6



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully—the correct age is especially important. Physicians: please write the causes of death clearly and fully.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 9 mos  
 Hospital, institution, or street address where death occurred:  
Cambridge, Md.  
 How long in hospital or institution 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Pine 8 Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Stephanie Olette Griffin

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

Negro

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

March 10, 1948

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

9

hrs.

min.

## 9. Birthplace

Cambridge Dor. Co. Md.  
(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

None

## MOTHER FATHER

## 12. Name

Osmond Griffin

## 13. Birthplace

Seaford Delaware

## 14. Maiden name

Clementine Askins

## 15. Birthplace

East New Market Dor. Co. Md.

## 16. Informant

Osmond Griffin

## Address

Cambridge, Md

## 17. Burial

Burial

## Date thereof

Dec 26 1948

## (Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Cemetery

## Location

East New Market, Md

## 18. Funeral director

Herbert M. Sillars Jr

## Address

Cambridge, Md

## 19. 12-28

12-28

19

John Mace, Jr. M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 25 1948 at 8:50 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/25 1948, to 12/25 1948, and that I last saw h ER alive on DECEMBER 25 1948

## Immediate cause of death

MYOCARDIAL FAILURE

## DURATION

8 hours

## Due to

Pneumonia4 days

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

John Mace, Jr. M.D.

M. D. or other

Date signed

12/27/48

RECEIVED

DEC 30 1948

BUREAU V. S.

Dr. Meekins

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

12441

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Seven YearsHospital, institution, or street address where death occurred:  
110 Glenburne Ave.How long in hospital or institution? - - -2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 110 Glenburne Ave  
(If rural, give LOCATION)2(a) If veteran, name war - - -

## 3. (a) FULL NAME

JULIA TODD TYLER HARRIS

## 3. (b) Social Security Number

- - -4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife T. Jackson Tyler-Died 1898  
G. H. Harris-Died 19347. Birth date of deceased (mo., day, yr.) Jan. 23, 18608. AGE: Years 88 Months 10 Days 12 If less than one day - - - hrs. - - - min.9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Goerge Todd13. Birthplace Maryland14. Maiden name Mariah Cook15. Birthplace Maryland16. Informant Mrs. Allen TylerAddress Cambridge, Maryland17. Burial Dec. 8, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director Lecompte's Funeral ServiceAddress Cambridge, Maryland.19. 12-8-48 John M. J. M.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1948 at - - - M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1948 to Dec 5 1948and that I last saw him alive on Dec 5 1948Immediate cause of death Acute Cardiac DURATION 1 hr.Ischemic 3 hr.Due to Ischemic 3 hr.Due to Ischemic 3 hr.Other conditions Right Bundle Branch 3 hr.

(Include pregnancy within 3 months of death)

Major findings of operations - - -Date of op. - - -Autopsy results - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - Date of - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John M. J. M. M. D. or otherAddress Cambridge, Md Date signed 12-7-48

RECEIVED

DEC 10 1943

BUREAU 7. 5.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County..... Dorchester  
 City or town..... Hurlock  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... All life  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester  
 City or town..... Hurlock  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

James Bodine Hurlock

## 3. (b) Social Security Number

4. Sex..... Male  
 5. Color or race..... White  
 6.(a) Single, married, widowed, or divorced..... Married  
 6.(b) Name of husband or wife..... Edith Hurlock  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... MAR. 19, 1888

8. AGE: Years..... 69 Months..... 9 Days..... 12 If less than one day..... hrs. .... min.

9. Birthplace..... Hurlock, Dor. Md.  
 (Town, county, and state)

10. Usual occupation..... none

11. Industry or business.....

12. Name..... Robert A. Hurlock

13. Birthplace..... Hurlock

14. Maiden name..... Jennie Seward

15. Birthplace..... Edith Hurlock

16. Informant..... Burial

Address..... Hurlock, Md.

17. (Burial, cremation, or removal, Which?)..... Burial Date thereof..... Dec. 3, 1948  
 (month) (day) (year)

Cemetery or crematory..... Cemetery

Location..... Hurlock, Md.

18. Funeral director..... H. B. Huggins

Address..... Hurlock

19. Dec 3 - 4 19 48 Registrar..... Paul W. Huggins

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 1, 1948 at 10:30 A

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
Not at all 19..... to..... 19.....

and that I last saw h..... alive on Not at all 19.....

Immediate cause of death..... Pistol bullet wound of brain DURATION..... 5 min.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Suicide Date of..... 12/1/48

Where did injury occur?..... Hurlock Dor. Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Home

Means of injury..... 32 pistol Injured at work?..... no

James M. Moore, M.D.  
 Deputy Medical Examiner

23. SIGNATURE..... Dorchester Co. M. D. or other

Address..... Cambridge, Md. Date signed..... 12/2/48

11 - 31  
1948 - X2 - X  
100 - 8 - 12  
1888 - 3 - 19

RECEIVED  
DEC 10 1948  
BUREAU V. S.

12443

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 16

## 1. PLACE OF DEATH:

County Borchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months, 6 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 2 months, 6 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Crumpton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) Is veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harry L. Johnson

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife unknown

7. Birth date of deceased (mo., day, yr.)

May 8, 1878

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 70 Months 7 Days 21 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation farmer

11. Industry or business

12. Name Samuel Charles Johnson13. Birthplace Maryland14. Maiden name Mary E. Walls15. Birthplace Maryland16. Informant Eastern Shore State HospitalAddress Cambridge, Maryland17. Burial Date thereof 12-29-48  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Church HillLocation Church Hill, Md18. Funeral director Edward LaneAddress Church Hill19. 12-29 1948 John Mace, Jr. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1948 at 9:15 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 23 1948 to December 29 1948and that I last saw him alive on December 29 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

12/28/48Due to Gen. Arteriosclerosis with hyper-  
tension

1940 ?

Due to \_\_\_\_\_  
Other conditions Cerebral arteriosclerosis with  
(Include pregnancy within 3 months of death) psychosis

1948 ?

Major findings of operations \_\_\_\_\_  
Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Robert Bestard May, M.D.  
M.D. or other \_\_\_\_\_Address Cambridge, Md. Date signed 12-29-48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 3 1949

BUREAU V. E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

12445

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 Hours  
 Hospital, institution, or street address where death occurred:  
In The Field - - RFD # 2  
 How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 4 Meadow Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war - - - -

## 3. (a) FULL NAME

JOHN MARSHALL, JR

## 3. (b) Social Security Number

213-22-6174

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Emeline Thomas Merrick  
(Died 6/26/47) 6. (c) If alive, give age - - - - years  
 7. Birth date of deceased (mo., day, yr.) April 23, 1889  
 8. AGE: Years 59 Months 3 Days 20 If less than one day - - - - hrs. - - - - min.

9. Birthplace Cambridge, Dor. Co., Maryland  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Dirt12. Name John Marshall13. Birthplace Maryland14. Maiden name Mooney15. Birthplace Maryland16. Informant Mr. John Edward MarshallAddress Cambridge, Maryland17. Burial Dec. 15, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 12-16 1948  
(Date rec'd by registrar)John Marshall, Jr.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1948 at 11:20AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Death on arrival to Death on arrival 1948  
and that I last saw him alive on arrival 1948Immediate cause of death Coronary Occlusion DURATION 10 minutesDue to - - - -Due to - - - -Other conditions - - - -

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. - - - -Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - Date of - - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - - -Means of injury - - - - Injured at work? - - - -Eldridge H. Webb  
acting Deputy Medical Examiner23. SIGNATURE E. Cambridge, MD M. D. or otherAddress - - - - Date signed 12-15-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 18 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161a

12444

## CERTIFICATE OF DEATH

Reg. Dist. No. 115

## 1. PLACE OF DEATH:

County QuincyCity or town Andrews

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: HomeStay in hospital or inst. (yrs., or mos., or days) noStay in this community (yrs., or mos., or days) 2 1/2

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County QuincyCity or town Andrews Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Andrews Pol. office

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

## 3. (a) FULL NAME

Infant Boy Mills, OLLIE WAYNE

## 3. (b) Social Security Number

no

## 4. Sex

Male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

singleB (b) Name of husband or wife no6 (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) Dec. 3 - 19 X 8

8. AGE: Years Months Days If less than one day

hrs. 5 min.9. Birthplace Andrews, Md

(Town, county, and state)

10. Usual occupation no - (infant)11. Industry or business no -FATHER 12. Name Ollie Mills13. Birthplace Andrews, MdMOTHER 14. Maiden name Rose Ella Abbott15. Birthplace Andrews, Md16. Informant Rose MillsAddress Andrews, Md17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3 19 X 8

(month) (day) (year)

Cemetery or crematory Sandy Deland CemeteryLocation Andrews, Md18. Funeral director Scumpie Funeral ServiceAddress Cambridge, Md19. Dec 3 19 X 8 James W. Meade

(Date rec'd by registrar)

Loc. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 19 X 8, at 1:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 3 19 X 8, to Dec 3 19 X 8and that I last saw him alive on Dec 3 19 X 8

Immediate cause of death

Asphyxia

DURATION

5 minDue to strangulation by cord around neckDue to Too long delay in sending for physician in charge.Other conditions of case.

(Include pregnancy within 3 months of death)

Major findings:

Of operations XOf autopsy X

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Meade, M.D.Address Fishing Creek, Md Date signed Dec 3 / X 8

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 7 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 12446  
119

1. PLACE OF DEATH:  
County Dorchester  
City or town Rural-Bishops Head  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Bishops Head  
How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Rural-Bishops Head  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Bishops Head  
(If rural, give LOCATION)  
2.(a) If veteran, name war - - - - -

3. (a) FULL NAME  
ELIZABETH DULCENIA MILLS

3. (b) Social Security Number  
-

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife Caleb C. Mills  
(Died 6/18/1938) 6. (c) If alive, give age - - - - - years  
7. Birth date of deceased (mo., day, yr.) Dec. 26, 1860  
8. AGE: Years 87 Months 11 Days 12 It less than one day  
hrs. - min.

9. Birthplace Bishops Head, Dor. Co., Md.  
(Town, county, and state)  
10. Usual occupation Domestic  
11. Industry or business Home  
12. Name John E. Moore  
13. Birthplace Maryland  
14. Maiden name Priscilla "Moore"  
15. Birthplace Maryland

16. Informant Mrs. Everman Pritchett  
Address Bishops Head, Maryland  
17. Burial Dec. 10, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory St Thomas Church Cemetery  
Location Bishops Head, Dor Co., Md.  
18. Funeral director LeCompte's Funeral Service  
Address Cambridge, Maryland.

19. Dec 10 1948 Wilson & Pritchett  
(Date rec'd by registrar) Local Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 8, 1948 at 5:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 6 1948 to - 19-  
and that I last saw him alive on Dec 6 19-

Immediate cause of death  
Senile degeneration due to cerebral thrombosis  
Due to arteriosclerotic C.V.D.

Other conditions  
(Include pregnancy within 3 months of death)  
Major findings of operations  
Date of op. - - - - -

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide - - - - - Date of - - - - -  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE W. Pritchett M. D. or other  
Address Cambridge, Md. Date signed Dec 9, 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 6 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 118

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rhodesdale - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Rhodesdale - Vienna Road  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Rhodesdale - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rhodesdale - Vienna Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Cora S. Murphy

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife William G. Murphy  
 6.(c) If alive, give age 73 years  
 7. Birth date of deceased (mo., day, yr.) July 9, 1876  
 8. AGE: Years 72 Months 5 Days 1 If less than one day  
 hrs. min.

9. Birthplace Dorchester County, Maryland  
 (Town/county, and state)  
 10. Usual occupation Housework  
 11. Industry or business Home  
 MOTHER FATHER  
 12. Name Daniel Jones  
 13. Birthplace Dorchester County, Maryland  
 14. Maiden name Rachel Craft  
 15. Birthplace Dorchester County, Maryland  
 16. Informant William G. Murphy  
 Address Rhodesdale, Maryland, R.F.D.  
 17. Burial Date thereof December 13, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Reid's Grove Cemetery  
 Location Reid's Grove, Maryland  
 18. Funeral director J. J. Frampton and son  
 Address Federalburg, Maryland  
 19. December 13, 1948 Charles W. Hastings  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1948 at 1:40 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 24, 1948 to Dec 10, 1948  
 and that I last saw him alive on Dec 10, 1948

Immediate cause of death Subarachnoid Hemorrhage DURATION 16 days

Due to  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Manner of injury Injured at work?

23. SIGNATURE J. B. Hickman M. D. or other  
 Address Sharpstown Rd Date signed 12/13/48

RECEIVED

DEC 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12448

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dor.  
 City or town 127 Meadows Lane  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Cambridge Rd  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Edgar D. Parker

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteWidowed

6. (b) Name of husband or wife

Ollie Burton

7. Birth date of deceased (mo., day, yr.)

Mar 15-1858

8. AGE: Years Months Days If less than one day

90915hrs. min.

9. Birthplace

Dor Co.

(Town, county, and state)

10. Usual occupation

Farmer, Laborer

11. Industry or business

12. Name

John R. Parker

13. Birthplace

Dor Co.

14. Maiden name

name unknown

15. Birthplace

Dor Co.

16. Informant

Robert R. Parker

Address

Cambr. Md.17. Burial Date thereof 1-2-49

(Burial, cremation, or removal Which?)

(month) (day) (year)

Cemetery or crematory

Cambridge

Location

Cambridge Spnd.

18. Funeral director

Kenneth R. Shumer

Address

Cambridge, Md.19. Jan 5, 1949 John Mace, Jr. M.D.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 48 9:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-29 1948 to 12/30 1948and that I last saw him alive on 12/30 1948

Immediate cause of death

Cerebral hemorrhage

Due to

arteriosclerosis

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

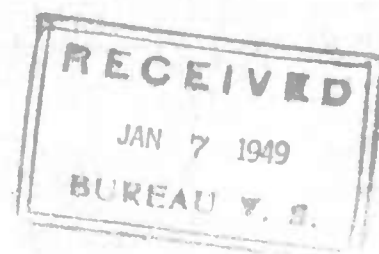
Means of injury

Injured at work?

23. SIGNATURE Lawrence Mangum

M. D. or other

136 Rue - Cambridge, Md.Date signed 12/30/48



**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. .... 116

12449

1. PLACE OF DEATH: County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>40 Years</u> Hospital, institution, or street address where death occurred: <u>Cambridge Maryland Hospital</u> How long in hospital or institution? <u>Three Days</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>109 Peachblossom Ave.</u> (If rural, give LOCATION) 2(a) If veteran, name war	
3. (a) FULL NAME <u>LULA JONES PARKS</u>		3. (b) Social Security Number <u>217-28-2647</u>	
4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband or wife <u>John T. Parks</u> (Died <u>2/14/48</u> )		6. (c) If alive, give age _____ years	
7. Birth date of deceased (mo., day, yr.) <u>May 26, 1882</u>			
8. AGE: Years <u>66</u>	Months <u>7</u>	Days <u>5</u>	If less than one day _____ hrs. _____ min.
9. Birthplace <u>unknown</u> (Town, county, and state)			
10. Usual occupation <u>Seamstress</u>			
11. Industry or business <u>Cambridge Dry Cleaners</u>			
MOTHER	12. Name <u>unknown</u>		
	13. Birthplace <u>unknown</u>		
	14. Maiden name <u>unknown</u>		
	15. Birthplace <u>unknown</u>		
16. Informant <u>Mr. Roy Shaw</u> Address <u>Springfield, Virginia</u>			
17. Burial Date thereof <u>Jan. 3, 1949</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Cambridge Cemetery</u> Location <u>Cambridge, Maryland</u>			
18. Funeral director <u>LeCompte's Funeral Service</u> Address <u>Cambridge, Maryland.</u>			
19. Jan. 4, 1949 John Mace, Jr. M.D. (Date rec'd by registrar) Registrar			
2. MEDICAL CERTIFICATION 20. DATE OF DEATH <u>December 31, 1948</u> at <u>8:25 A.M.</u> 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec 28</u> 19 <u>48</u> to <u>Dec 31</u> 19 <u>48</u> and that I last saw him alive on <u>Dec 31</u> 19 <u>48</u> Immediate cause of death <u>Terminal Broncho-pneumonia</u> Due to <u>arterio-sclerotic Cardio-Vascular Disease with cardiac and renal failure</u> Other conditions <u>Diabetes Mellitus, undetected? Chronic Cholecystitis</u> (Include pregnancy within 3 months of death) Major findings of operations <u>none</u> Autopsy results <u>none</u> PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of Injury _____ Injured at work? _____ 23. SIGNATURE <u>Eldridge H. Wolfford</u> M. D. or other _____ Address <u>Cambridge, Md</u> Date signed <u>1-3-49</u>			

RECEIVED

JAN 5 1949

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

12450

61

## I. PLACE OF DEATH:

County DorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 57 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Minnie L. Payne

## 3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Ira L. Payne

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

August 2, 1883

8. AGE:

Tears

Months

Days

It less than one day

65422

hrs.

min.

9. Birthplace

New York State

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name

Wesley H. Shaw

13. Birthplace

New York State

14. Maiden name

Mary A. Bendick

15. Birthplace

New York State

16. Informant

George W. Payne

Address

Easton Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof December 27, 1948  
(month) (day) (year)

Cemetery or crematory

The Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Fraughton & Son

Address

Federalsburg, Maryland

19. December 27-48

(Date rec'd by registrar)

19. 48

Charles W. Frick  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 24

19. 48

at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 2

19. 47

December 24

19. 48

and that I last saw him alive on December 24 19. 48

Immediate cause of death

Coronary thrombosis

DURATION

1 hour

Due to

General arteriosclerosis1 year +

Due to

Diabetes mellitus5 yrs +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Harrison MD

M. D. or other

Address

Hurlock Md

Date signed

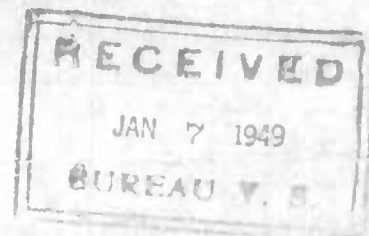
12/27/48

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 yrs. 8 mos. 21 daysHospital, institution, or street address where death occurred:  
Eastern Shore State Hospital,How long in hospital or institution? 13 yrs. 8 mos. 21 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston P.D.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Ollie Edward Perry

## 3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Birdie Ellen Hubbard Perry

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) 1-11-18798. AGE: Years Months Days It less than one day  
69 11 15 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Preston Maryland  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Frank Perry13. Birthplace Preston Maryland14. Maiden name Eliabeth Connelly15. Birthplace Preston Maryland16. Informant Records Eastern Shore State HospitalAddress Purl Cambridge, Maryland17. Buried Date thereof 12/29/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Smythester CemeteryLocation Smythester, Md.18. Funeral director J. M. HallAddress Smythester, Md.19. 12-28 1948 John Mace, Jr. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 26th 1948 19 48 10:10 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 1st 1947 19 47 to Dec. 26th 19 48  
and that I last saw him alive on Dec. 26th 1948 19 48Immediate cause of death Cerebral Hemorrhage DURATION 1 hourDue to Hypertensive Atherosclerotic Cardiovascular disease 1 yr.Due to \_\_\_\_\_  
Other conditions Epileptic Deterioration 10 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

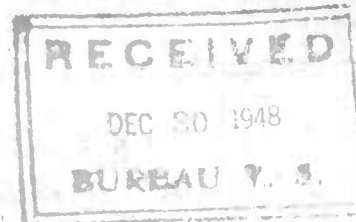
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Robert Barton May, M.D. M. D. or otherAddress Cambridge, Md. Date signed 12-26-48

1948-12-26  
604-11-15  
1879-1-11



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12452

825.5  
170C

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County DorchesterCity or town Federalburg - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:

near Fitchville

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Federalburg - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Fitchville  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Ernest T. Sample, Jr.

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Cobed

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age. — years

7. Birth date of

deceased (mo., day, yr.)

November 19, 1932

8. AGE:

Years 16Months 1Days 6

If less than one day

hrs.

min.

9. Birthplace

Painter, Virginia

(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Farm & Poultry Processing Plant

MOTHER FATHER

12. Name

Ernest T. Sample

13. Birthplace

Painter, Virginia

14. Maiden name

Maggie Haff

15. Birthplace

Painter, Virginia

16. Informant

Ernest T. Sample

Address

Federalburg, Maryland, R.F.D.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

December 28, 1948  
(month) (day) (year)

Cemetery or crematory

Federal Hill Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. F. Frampton & Son

Address

Federalburg, Maryland

19.

(Date rec'd by registrar)

19

48Charles Hestings  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 251948, at6:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

just at all

19

to

19

and that I last saw him alive on

just at all

19

Immediate cause of death

Crushing wound  
of chest

DURATION

1 hour

Due to

Due to

Other conditions

Multiple abrasions  
legs by and chest  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

December 28, 1948

Where did injury occur?

Fitchville  
(City or town)Dorchester  
(County)MD  
(State)

Injured at home, farm, industry, public place (where?)

Highway

Means of injury

Auto accident

Injured at work?

no

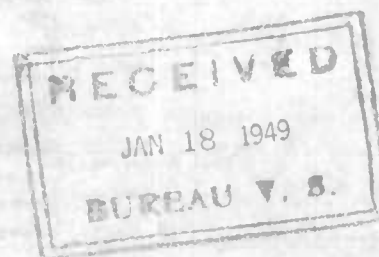
23. SIGNATURE

Address

John Moore, Jr. M.D.  
County Medical Officer  
Fitchville, Md.

Date signed

12/28/48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12453

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester

City or town Rural Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5yrs 5mos 24days

Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital

How long in hospital or institution? 5yrs 5mos 24days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Vienna, Dorchester County

City or town Maryland  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

James R. Sherman

### 3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife ////////////////

7. Birth date of deceased (mo., day, yr.) 7-19-1883

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years Months Days If less than one day  
65 5 12 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dorchester County, Maryland  
(Town, county, and state)

10. Usual occupation Water mill worker

11. Industry or business

FATHER 12. Name George F. Sherman

13. Birthplace ?

MOTHER 14. Maiden name Ida Gamble

15. Birthplace ?

16. Informant Records Eastern Shore State Hospital

Address Rural Cambridge, Maryland.

17. Burial Jan. 2, 1949  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location East New Market, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Jan 3, 1949 John Mace, Jr.  
(Date rec'd by registrar) (Signature) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1948 6:15 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 6, 1943 to Dec. 31, 1948

and that I last saw him alive on December 31, 1948

Immediate cause of death Tubercular osteomyelitis (disseminated) of the right Thoracic cage and right pelvic girdle.

Due to 40 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Robert Bestard May, M.D.

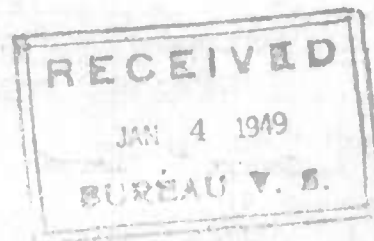
Address Cambridge, Maryland Date signed 12-31-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948-12-31  
63-2-12  
1948-7-19



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12454

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County... DorchesterCity or town... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... Life

Hospital, institution, or street address where death occurred:

442 Willis Street

How long in hospital or institution?... - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... DorchesterCity or town... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No... 442 Willis Street

(If rural, give LOCATION)

2.(a) If veteran, name war... - - - -

## 3. (a) FULL NAME

NANCY LEE SHORES

## 3. (b) Social Security Number

- - -

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>
-------------------------	----------------------------------	--

6.(b) Name of husband or wife... - - - -

B.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1948

8. AGE: Years <u>-</u>	Months <u>2</u>	Days <u>30</u>	If less than one day ... hrs. ... min.
---------------------------	--------------------	-------------------	---

9. Birthplace... Cambridge, Maryland  
(Town, county, and state)

10. Usual occupation... - - - -

11. Industry or business... - - - -

12. Name... Lee Todd13. Birthplace... Maryland14. Maiden name... Ann Elizabeth Shores15. Birthplace... Denton, Maryland16. Informant... Ann Elizabeth ShoresAddress... Cambridge, Maryland17. Burial Date thereof... Jan. 1, 1949  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Greenlawn CemeteryLocation... Cambridge, Maryland18. Funeral director... LeCompte's Funeral ServiceAddress... Cambridge, Maryland19. Jan. 3, 1949 John Mace, Jr.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... December 31, 1948 at... M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Not at all 19... to... 19...and that I last saw h... alive on Not at all 19...Immediate cause of death... ToxemiaDue to... Acute gastroenteritis 1 day

Due to... - - - -

Other conditions... - - - -

(Include pregnancy within 8 months of death)

Major findings of operations... - - - -

Date of op... - - - -

Autopsy results... - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

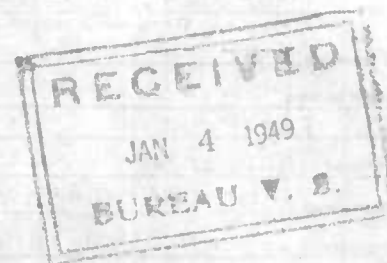
Accident, suicide, or homicide... Date of... - - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - - -

Means of injury... Injured at work? - - - -

23. SIGNATURE... John Mace, Jr. Deputy Medical ExaminerAddress... Cambridge, Md. Date signed... 1/1/49



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12455

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Worcester  
 City or town R. F. D. Taylor's Island (Smithville)  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years  
 Hospital, institution, or street address where death occurred:  
R. F. D. Taylor's Island (Smithville)

How long in hospital or institution? 3 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester  
 City or town Smithville R. F. D. Taylor's Island  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Joseph Stevens

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Louise Jackson6. (c) If alive, give age 32 years

## 7. Birth date of deceased (mo., day, yr.)

June 15, 1890

## 8. AGE:

Years

Months

Days

If less than one day

58526

hrs.

min.

## 9. Birthplace

Salisbury County, Maryland  
(Town, county, and state)

## 10. Usual occupation

Minister

## 11. Industry or business

Methodist Episcopal Church

## MOTHER FATHER

## 12. Name

Joseph Stevens

## 13. Birthplace

Worcester

## 14. Maiden name

Louise Jackson

## 15. Birthplace

Maryland

## 16. Informant

Louise Jackson Stevens

## Address

R. F. D. Taylor's Island, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof December 15, 1948  
(month) (day) (year)

## Cemetery or crematory

Cemetery (Vaughn)

## Location

Cambridge, Maryland

## 18. Funeral director

Lewis Bayne

## Address

Cambridge, Maryland

## 19.

(Date rec'd by registrar)

12-16-48 John Mace, Jr., M.D. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 11<sup>th</sup> 19 48 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Heart or arterial

and that I last saw him Heart or arterial

Immediate cause of death

Cerebral hemorrhage

DURATION

1 hr.?

Due to

Hypertensive Cardiac

Due to

vascular disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

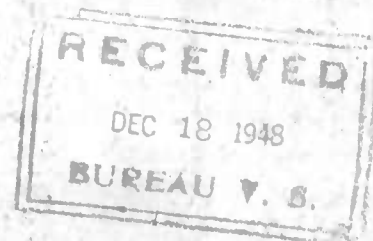
Eldridge & Wolff and

23. SIGNATURE

acting Deputy Medical Examiner

M. D. or other

Cambridge, Maryland Date signed 12-14-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

12456

94a

1. PLACE OF DEATH:  
 County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 26 Years  
 Hospital, institution, or street address where death occurred:  
202 Killarney Road  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 202 Killarney Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3.(a) FULL NAME  
JOB E. TODD

3.(b) Social Security Number  
216-12-1998

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Clara A. B. Todd

6.(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 24, 1866

8. AGE: Years 82 Months 6 Days 27 If less than one day  
 ....hrs. ....min.

9. Birthplace Toddville, Dor. Co., Maryland  
 (Town, county, and state)

10. Usual occupation Guard

11. Industry or business Phillips Padking Co.

12. Name Unk.

13. Birthplace

14. Maiden name Elizabeth Todd

15. Birthplace Toddville, Md.

16. Informant Mr. Aubrey Todd

Address Cambridge, Maryland

17. Burial Date thereof Dec. 23, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 12-23 19. 8 John Mace, Jr.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1948 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Not at all 19... to 19...

and that I last saw him... alive on Not at all 19...

Immediate cause of death

Coronary occlusion DURATION 5 min.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE John Mace, Jr.

Deputy Medical Examiner or other

Address Cambridge Md. Date signed 12/22/48

RECEIVED

DEC 27 1948

BUREAU V. S.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12458

Reg. Diat. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 48 Years

Hospital, institution, or street address where death occurred:

Arcade Apts., Race StHow long in hospital or institution? - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Arcade Apts., Race St  
(If rural, give LOCATION)2.(a) If veteran, name war - - - -

## 3. (a) FULL NAME

WILLIAM S. WALLER, SR

## 3. (b) Social Security Number

-

## 4 Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Annie D. Albers6. (c) If alive, give age 64 years

## 7. Birth date of

deceased (mo., day, yr.) Jan. 11, 1876

## 8. AGE:

72 Years10 Months28 Days

It less than one day

hrs. min.9. Birthplace Concord, Delaware

(Town, county, and state)

10. Usual occupation Barber-Retired11. Industry or business Barber

MOTHER FATHER

12. Name George Waller13. Birthplace Not Known14. Maiden name Betty Phillips15. Birthplace Not Known16. Informant Mrs Annie A. WallerAddress Cambridge, Maryland17. Burial Dec. 11, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 12-13 48 John M. J.  
(Date rec'd by registrar) (Date of death) (Signature)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1948 at 9:20P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1, 1948 to Dec 9, 1948  
and that I last saw him alive on Dec 9, 1948

Immediate cause of death

Congestive Heart Failure

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. 12-11-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of 12-11-48Where did injury occur? Cambridge (City or town) (County) (State)Injured at home, farm, industry, public place (where?) CambridgeMeans of injury Heart Failure

Injured at work?

23. SIGNATURE

John M. J. M. D. or other 12-11-48  
Address Cambridge, Md Date signed 12-11-48

RECEIVED

DEC 14 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12459

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Wingate  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Two Years

Hospital, institution, or street address where death occurred:

Wingate

How long in hospital or institution? - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Wingate  
(If outside city or town limits, write RURAL and give nearest town)Street No. Wingate  
(If rural, give LOCATION)

2.(a) If veteran, name war - - - -

## 3. (a) FULL NAME

VICTORIA TODD WEBB

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife John H. Webb  
(Died 7/17/46)7. Birth date of deceased (mo., day, yr.) Jan. 30, 1881

6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

67

Months

10

Days

26

If less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Toddville, Dor. Co., Maryland  
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Riley Todd13. Birthplace Maryland14. Maiden name Catherine Burns15. Birthplace Maryland16. Informant Mrs Naomi JonesAddress Wingate, Maryland17. Burial Date thereof Dec. 28, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 12-28 19 48  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26/48 19 48 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

not at all 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_and that I last saw him not at all 19 \_\_\_\_\_

Immediate cause of death

Coronary occlusion DURATION 5 min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

John Mace Jr. M.D. M. D. or other  
Address Cambridge, Md. Date signed 12/26/48

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1948

BUREAU T. B.

EVIDENCE FOR CHANGE OF  
AGE & BIRTH DATE SHOWN ON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 118 JAN 24 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 8 life  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Wing

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Alice Wing

7. Birth date of deceased (mo., day, yr.) Dec 25 1870 1854 6. (c) If alive, give age 75 years

8. AGE: Years 94 Months 76 Days 11 It less than one day 29 hrs. min.

9. Birthplace Cornersville Dor. Co. Md  
(Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business None

12. Name Charles Wing

13. Birthplace Cornersville Md

14. Maiden name Arminster Atkins

15. Birthplace Cornersville Dor Co Md

16. Informant Vernon Hamilton

Address R.F.D #3 Cambridge Md

17. Burial Date thereof Dec 27 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Beckwith Dor Co Md R.F.D #3

18. Funeral director Herbert M. Jeffers

Address Cambridge Md

19. 12-28 19 48 John Grace, Jr.  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town (Rural) R.F.D #3 Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 8  
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24-1948 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-19-48 to 12-24-1948  
and that I last saw him alive on Dec 24 1948

Immediate cause of death Congestive heart failure DURATION 1 wks

Due to Atherosclerotic heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature John Grace, Jr.

Address 600 Main Cambridge Md

23. SIGNATURE John Grace, Jr. M. D. or other

Address 600 Main Cambridge Md Date signed 12-27-48

MARGIN RESERVED FOR BINDING

1

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1948

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
9 Coleman's Lane  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Schoolhouse Lane  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3. (a) FULL NAME

Roland Wongus

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Minnie Jackson Wongus  
8. (c) If alive, give age 40 years  
7. Birth date of deceased (mo., day, yr.) November, 1905

8. AGE: Years 43 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Vienna, Maryland  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Oyster house

12. Name John Wongus

13. Birthplace Maryland

14. Maiden name Lizzie Camper

15. Birthplace Maryland

16. Informant Mrs. Irene Pinder

Address Vienna, Maryland

17. Burial Date thereof Dec. 28, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Sault Landing,

Location Griffins Neck, (Vienna) Maryland

18. Funeral director Lewis H. Bayneum

Address Cambridge, Maryland

19. 12-28 19 48 John Mace, Jr. Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1948 at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19. to 19.

and that I last saw him Dead on arrival 19. alive on 19.

Immediate cause of death Stab wound of chest

penetrating heart.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 12/25/48

Where did injury occur? Cambridge Dor. Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in house

Means of injury Stab wound Injured at work?

23. SIGNATURE John Mace, Jr. Deputy Medical Examiner or other

Address Cambridge, Md. Date signed 12/26/48

RECEIVED

DEC 30 1948

BUREAU V. S.